END THE EPIDEMICS

Californians Mobilizing to End HIV, STIs, Viral Hepatitis & Overdose

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END THE EPIDEMICS FY 2023-24 BUDGET PROPOSALS

TITLE	FUNDING AMOUNT	BRIEF DESCRIPTION
California Overdose Prevention and Harm Reduction Initiative	$61 Million General Fund Over 4 Years	Sustain and expand the successful California Harm Reduction Initiative (CHRI) pilot in order to maintain staff and costs related to delivery of naloxone, fentanyl test strips, overdose prevention and response, and drug treatment provision and navigation. This funding is urgently needed for implementation of the Governor's January budget proposal and to support programs and services prioritized by the Legislature.
HCV Equity: Access to the Cure	$15 Million General Fund One-Time Over 3 Years	Funding would expand HCV public health services, and allocate at least 50% of award to maintenance and expansion of community based services.
TOTAL		**$76 Million General Fund One-Time**

End the Epidemics: Californians Mobilizing to End HIV, STIs, Viral Hepatitis, and Overdose is a statewide coalition of over 150 community-based organizations. The coalition advocates for anti-racist policies and funding priorities to eliminate health inequities among Black, Indigenous and People of Color (BIPOC) while working collaboratively to end the syndemic of HIV, sexually transmitted infections (STIs), viral hepatitis, and overdose in California.

California Overdose Prevention and Harm Reduction Initiative

A cost-effective, evidence-based plan to end overdose in California

Summary

$61 million one-time funding over four years to harm reduction programs for staff and costs related to delivery of naloxone, fentanyl test strips, overdose prevention and response training, and drug treatment provision and navigation. This builds on a successful pilot and is urgently needed for implementation of Governor's January budget proposal and to support programs and services prioritized by the Legislature.

In the Budget Act of 2019, the Legislature appropriated $12.6 million to fund a pilot project to increase staff capacity at harm reduction programs. The California Harm Reduction Initiative (CHRI) funded 37 programs through June 2023 to provide treatment navigation, community-based naloxone distribution and public health services to the most marginalized drug users.

Evaluation findings from this pilot add to the already robust body of evidence supporting harm reduction programs as critical healthcare hubs. However, with a median annual operating budget of only $245,000, 46% below the CDC's recommended budget for small community-based organizations, current investment in harm reduction programs is not commensurate with their role in the drug user health care continuum.

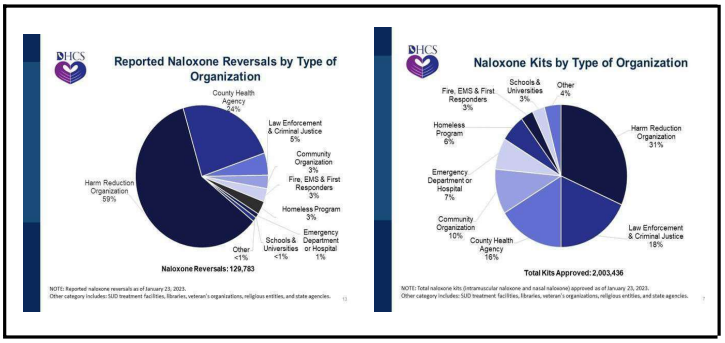
Without continued and expanded investment in staffing and low-barrier healthcare services at harm reduction programs California's overdose crisis will continue.

Evidence

Harm reduction programs are a cost-effective means of reducing overdose deaths from fentanyl and other drugs.

Data from the Naloxone Distribution Project (NDP) administered by the Department of Healthcare Services (DHCS) shows that since its inception in October 2018, more than 1.9 million doses of naloxone were distributed to a range of agencies and programs.

Harm reduction programs received one-third of NDP distributed naloxone, and yet accounted for ***two-thirds*** of reported overdose reversals.



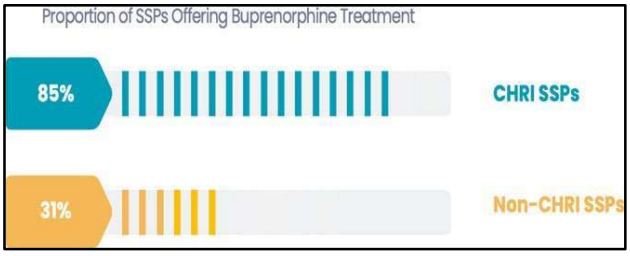
Participants of harm reduction programs are serving as a massive volunteer workforce, saving lives in their communities. 54% of CHRI program participants reported using naloxone to reverse an overdose within the past six months. 95% of them received the naloxone from a CHRI-funded program.

These recent findings further prove what harm reduction programs have known and been practicing for over thirty years - overdoses are prevented when naloxone is freely distributed to people who witness overdoses. Harm reduction programs cannot meet community need without staffing to provide overdose prevention education and naloxone distribution.

Harm reduction programs provide low-barrier treatment access on-site and thru referrals

Medication for opioid use disorder (MOUD) reduces risk of overdose death by 83%. The Biden administration and federal government now recommend low-barrier, onsite MOUD treatment embedded in harm reduction programs as public health best practice.

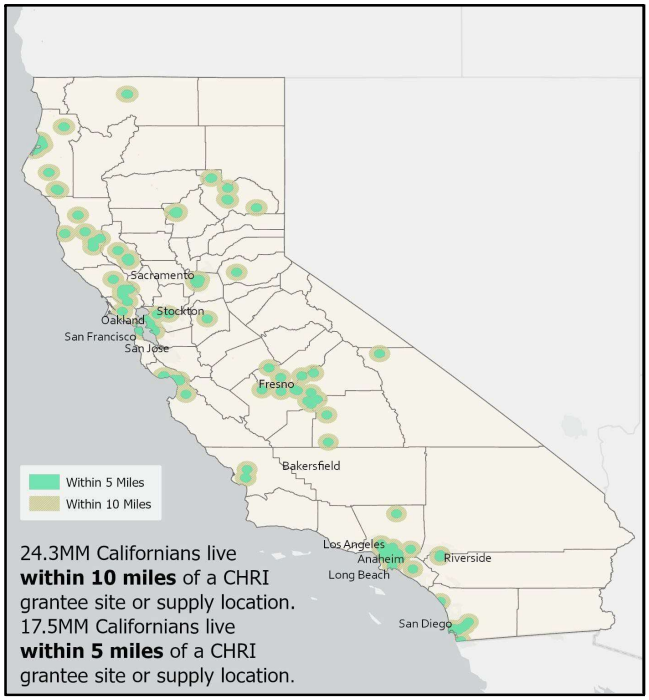
Using data from the 2022 National Survey of Syringe Service Programs, researchers at RTI International compared programs that received CHRI grants (n=26) to non-CHRI syringe services programs (n=310) in the U.S. They found that 85% of CHRI-funded programs offered onsite MOUD treatment compared to 31% of non-CHRI programs in the US.



Harm reduction programs provide a stigma free entry point into whole person care.
An investment in harm reduction is an investment in racial equity. NHRC surveyed over 1000 harm reduction program participants and overwhelmingly stigma was named as the biggest barrier to treatment access. This is especially true for Black Californian drug users who now have the highest overdose rate of any racial group but continue to receive less access to naloxone and MOUD than other groups.

According to the CDC, unequal access to SUD treatment and stigma contribute to the disproportionate increase in overdose death rates among Black, American Indian and Alaska Native people.

Funding harm reduction programs has measurable, tangible public health benefits
Evaluation by National Harm Reduction Coalition found that CHRI grantees offered services at over 1,500 locations across 42 counties serving approximately 75,000 Californians- a 10 percent increase since the pilot's launch.



When compared nationally to syringe services programs (SSPs), CHRI programs serve more people and offer more services.

CHRI programs compared to other SSPs
- ➢ 85% of CHRI programs offered on-site buprenorphine services compared to 31% of non-CHRI programs
- ➢ 73% higher number of people given naloxone
- ➢ 68% higher number of naloxone doses distributed
- ➢ 98% higher number of fentanyl test strips distributed

Conclusion

As of January 2023, there are 67 authorized harm reduction programs in California, and more are being considered for authorization by CDPH. Most of these programs should receive significant funding augmentation to provide overdose prevention and treatment education, to deliver naloxone and fentanyl test strips, to assist people in entering drug treatment, and to continue their other life-saving services. We also recommend continued technical assistance to new and existing programs.

For the purposes of this budget proposal, "harm reduction programs" are defined as those that provide direct services to active drug users, including overdose prevention services, syringe access and disposal, and navigation to drug treatment, housing, medical care, and other services.

For more information on this request, please contact Glenn Backes, glennbackes@mac.com or 916-202-2538

CASEP CALIFORNIA SYRINGE EXCHANGE PROGRAMS COALITION

NATIONAL HARM REDUCTION COALITION

END THE EPIDEMICS
Californians Mobilizing to End HIV, STIs, Viral Hepatitis & Overdose

HCV Equity: Access to the Cure

Outreach, Prevention, Testing, and Linkage to Care for Vulnerable Californians

15 Million General Fund One-Time Over Three Years

Summary:

In California, it is estimated that 300,000 people are living with active untreated Hepatitis C (HCV) infections and that 40-50% of them are unaware of their status.[1] A growing percentage of new cases are among young people who use drugs (PWUD), Black, Indigenous, and People of Color (BIPOC), and people experiencing homelessness. HCV can be cured with a simple, highly effective 8 -12 weeks of Direct Acting Anti-viral (DAA) treatment but too few people can access the cure. In 2022,The Centers for Disease Control and Prevention (CDC) reported limited access and significant disparities in HCV treatment: only one in three insured people get timely treatment, people with Medicaid are 46% less likely to get treatment than those with private insurance and Medicaid beneficiaries of other races are 27% less likely to get timely treatment than White recipients.[2] All of these factors point to the urgent need to strengthen and expand the evidence based, innovative and strategic HCV public health services that support the most vulnerable Californians in accessing care and treatment. New resources are critical to ensure that Californians have access to life-saving HCV care and treatment.

The End the Epidemics coalition respectfully requests $15 million one-time General Fund to expand the HCV public health services, including outreach, testing, linkage and engagement in care, that support young PWUD and BIPOC communities and those experiencing homelessness in curing HCV. Funding will be distributed by the Office of Viral Hepatitis Prevention, in the STD Control Branch of California, through the current formula or an updated version, as appropriate, to Local Health Jurisdictions (LHJ) with at least 50% of the award supporting the maintenance and expansion of community-based services in priority settings, such as syringe exchange sites, mobile health vans, emergency rooms, and county jails.

Background:

Highly effective, easily tolerable, 8 – 12 weeks HCV curative treatments have been available since 2014; however, the HCV epidemic continues to grow. Disruptions caused by the COVID pandemic have caused further increases in new infections, particularly among vulnerable populations with a tenuous access to health care and elevated HCV vulnerability. In 2020, the CDC reported that new HCV cases are four times as high as they were ten years ago, in spite of having a cure. The HCV epidemic remains responsible for more deaths than all 60 reportable infectious diseases combined, except for COVID-

[1] HepVu. (2013-2016). California. https://hepvu.org/local-data/california/

[2] CDC. (2023). Too few people treated for hepatitis C. Centers for Disease Control and Prevention. https://www.cdc.gov/vitalsigns/hepc-treatment/index.html

19. The National Center for Health Statistics Mortality reported 14,863 HCV associated deaths nationwide in 2020.[3]

HCV thrives in environments where stigma, racial and ethnic discrimination, and socioeconomic health disparities exist. The dramatic percentage of new infections seen among young PWUDs and disparities in access to the cure underscore the need to strengthen and expand public health services that support engagement with care and treatment for people using drugs and others experiencing significant barriers to traditional healthcare systems.[4]

- *Young people injecting drugs* - Approximately 70% of new HCV infections are experienced in people between the ages of 20 – 39, driven primarily by injection drug use.[5] Experts estimate that upwards of 40% of those who inject drugs have HCV.[6] Studies have found that most people using drugs experience "dehumanizing" stigma in traditional healthcare settings that can cause them to delay or go without necessary health care.[7]

- *Black, Alaska Natives, and American Indians* bear a disproportionate burden of HCV.[8] 23% of HCV infections occurred among Black Americans, who make up just 12% of the population.[9] The CDC reports that the rate of HCV among Native Americans is twice that of White Americans and that HCV-related mortality among Native Americans and Black populations is 3.2% and 1.8% greater, respectively, than among White Americans.[3]

- *People experiencing homelessness* experience disproportionately high rates of HCV infections. A recent systematic review of infectious disease prevalence studies estimated that the prevalence of HCV among adults experiencing homelessness ranges from 9.8% to 52.5%.[10]

The pandemic strained public health systems and led to decreases in HCV screening, clinical care, and treatment. The number of HCV confirmatory test results fell by 62% in March 2020 and remained 39% below the baseline by July 2020. HCV prescriptions for treatment decreased 43% in May, 37% in June, and 38% in July relative to the corresponding months in 2018 and 2019. Untreated HCV results in marked decreases in

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[3] CDC. (2022). 2016-2020 rates of hepatitis C deaths by state | CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/hepatitis/statistics/2020surveillance/hepatitis-c/table-3.7.htm

[4] California Department of Public Health. (2018). Chronic Hepatitis C in California 2018 Executive Summary. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018-Chronic-HCV-Surveillance-Report-Exec-Summary.pdf

[5] National Alliance of State and Territorial AIDS Directors. (2021). Preventing Infectious Diseases Amid the Opioid Epidemic. NASTAD. https://nastad.org/sites/default/files/2021-11/PDF-Infectious-

[6] Day, E. et al. (2019). Hepatitis C elimination among people who inject drugs: Challenges and recommendations for action within a health systems framework. PubMed. https://pubmed.ncbi.nlm.nih.gov/30157316/

[7] Biancarelli, D. L. et al. (2019). Strategies used by people who inject drugs to avoid stigma in healthcare settings. Science Direct. https://www.sciencedirect.com/science/article/abs/pii/S0376871619300699?via%3Dihub

[8] El-Serag, H. et al. (2010). Achieving health equity to eliminate racial, ethnic, and socioeconomic disparities in HBV- and HCV-associated liver disease. PubMed. https://pubmed.ncbi.nlm.nih.gov/20398589/

[9] Bradley, H. et al. (2020). Hepatitis C Virus Prevalence in 50 U.S. States and D.C. by Sex, Birth Cohort, and Race: 2013-2016. PubMed. https://pubmed.ncbi.nlm.nih.gov/32140654/

[10] Konadu Fokua, J. et al. (2020). Recommendations for Implementing Hepatitis C Virus Care in Homeless Shelters: The Stakeholder Perspective. AASLD. https://aasldpubs.onlinelibrary.wiley.com/doi/10.1002/hep4.1492

quality of life and, ultimately, if left untreated, results in death. In addition, untreated HCV leads to extraordinary cost burdens for healthcare systems. A model forecasts that by the end of 2026, curing HCV with DAAs would result in cumulative net cost savings to Medicaid of more than $43 billion.[11] Saving lives while saving money can be achieved with coordinated and expedient access to HCV treatment. However, in order to make meaningful movement toward ending HCV, new resources are essential. Currently, California invests only $5M in viral hepatitis C public health services, which encompass the outreach, testing, and linkage services necessary to support vulnerable Californians living with HCV in accessing life-saving care and treatment.

Proposal:

To address the racial, ethnic, and other health disparities in HCV care and access to the cure and move towards meaningful progress on HCV elimination, the End the Epidemics coalition respectfully requests $15 million in one-time General Funds for HCV public health efforts. This investment will strengthen the ability of local jurisdictions and community-based partners to fortify and expand strategic, innovative, evidence-based strategies to reach impacted and vulnerable individuals. It will also expand HCV services, co-locating them with established services in priority settings, such as syringe exchange services, mobile healthcare units, medication-assisted treatment (MAT) programs, county jails, and emergency rooms serving the most vulnerable Californians.

The California HCV demonstration projects, funded from 2016-2018 showed that "A one-time investment of public health resources in HCV testing and linkages to care, including having staff dedicated to helping patients access and remain in hepatitis C care and other social services (patient navigators), resulted in improved client-level, organization-level, and systems-level outcomes." [12] This modest investment will increase access to life-saving HCV treatment for the most vulnerable Californians. HCV providers, community-based organizations, and public health leaders have optimized limited resources and laid the groundwork for the strategic expansion of this high-impact work. Additional funding will support and strengthen elimination initiatives and collaboration across the state.

Funding will be allocated through the existing HCV formula developed by the Office of Viral Hepatitis Prevention in partnership with public health officials and community stakeholders, which currently funds 22 local health jurisdictions. The formula may be updated to expand to additional local health jurisdictions if it is determined through a similar partnership process to be appropriate. 50% of funding allocated to local health jurisdictions must support HCV services at community-based organizations, which have already built trust in the community, know how to meet people where they are, and provide culturally and linguistically competent stigma-free care.

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[11] Roebuck, M. C. et al. (2022). Impact of direct-acting antiviral use for chronic hepatitis C on health care costs in Medicaid: Economic model update. AJMC. https://www.ajmc.com/view/impact-of-direct-acting-

[12] California Department of Public Health, Office of Viral Hepatitis Prevention. Hepatitis C Testing and Linkage to Care Demonstration Projects – California, 2016-2018, Evaluation Report. Available at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/HCV_Demo_Eval_Report_ADA.pd